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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

J. BRYAN

JUN 2 8 2012

EXAMINER

COVER LETTER •

8

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Division of Co	rporations			
SUBJECT:	MOSQUITO F	PRODUCTION, LLC		
SUBJECT:		ed Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		IOSEFINA SANTOS		~ 2
		Name of Person		2012 JUN 22 PM 3: 23 SECRETARY OF STATE TALLAHASSEE, FLORID
		Firm/Company		22 F
	7590	NW 186 ST STE.206A		PH 3: 2
		Address		器 23
		MIAMI FL. 33015 City/State and Zip Code		
	E-mail address: (1	o be used for future annual report notificati	on)	
For further information	concerning this matter, please c	all:		
Name of Person		at () Area Code & Daytime Te	lephone Number	-
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of St Certified Copy (additional copy	atus &
MAILING ADDRESS: Registration Section		STREET/COURIER Registration Section	ADDRESS:	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>O PRODUCTION, I</u>	<u>LC</u>	
y Company as it now appea Limited Liability Company)	rs on our records.)	
Company were filed on	06/09/2011	and assigned
 '		
ited liability company he	<u>re</u> :	
ords "Limited Liability Comp	any," the designation "I	LLC" or the abbreviation
<u>RESS)</u>	>	2012 SEI
	ra'	高 呈
		JUN 2
	77	
Tw. 100-1		To P III
stared office address on	į	5 % 2
dress here:	our records, enter v	me name of the nev
	ıter Florida street ada	Iress
City	, FIORMA	Zip Code
	Company as it now appea Limited Liability Company) Company were filed on nited liability company he ords "Limited Liability Comp RESS) stered office address on dress here:	stered office address on our records, enter dress here: Enter Florida street add., Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

. 1

MGR = Manager MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> **Address** SALVADOR RABOSO MGR 520 BRICKELL KEY DR APT.A 517 ☐ Add
☑ Remove MIAMI FL 33131 ☐ Add Remove ☐ Add Remove ∏Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____JUNE 18 2012 Signature of a member or anhorized representative of a member

GUSTAVO A CEBALLOS PARRA
Typed or printed name of signee

Page 2 of 2
Filing Fee: \$25.00